Novocare Ltd

Delamer House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 24 November 2016 and was unannounced.

Delamer House provides accommodation and personal care for up to 57 older people and people who may be living with dementia. The service does not provide nursing care. At the time of our inspection there were 57 people using the service.

There was a registered manager in post at the service. . A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because the manager and staff understood their responsibilities to recognise abuse and. keep people safe. People received safe care that met their assessed needs and staff knew how to manage risk effectively.

There were sufficient staff who had been recruited safely and who had the correct skills and knowledge to provide care and support in ways that people preferred.

The provider had clear systems in place to manage medicines and people were supported to take their prescribed medicines safely.

People's health needs were managed effectively with input from relevant health professionals and people had sufficient food and drink that met their individual needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

The manager supported staff to provide care that was centred on the person and staff understood their responsibility to treat people as individuals.

People were treated with kindness and respect by staff who understood their needs and preferences. Staff respected people's choices and took their preferences into account when providing support. People were encouraged to enjoy pastimes and interests of their choice and access the local community so that they were not socially isolated. People's spiritual needs were met in ways that they preferred.

Staff had good relationships with people who used the service and understood their needs. People's privacy and dignity was respected.

There was an open culture and the registered supported and encouraged staff to provide care that met people's needs.

The provider had systems in place to check the quality of the service and take the views of people into account to make improvements to the service. There were systems in place for people to raise concerns and there were opportunities available for people to give their feedback about the service.

The registered manager was a visible presence at the service and was actively involved in supporting people and staff. Staff understood the culture of the service, which emphasised care, support and a lifestyle that was centred on people's individual needs and wishes. Staff were positive about their roles and their views were valued by the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Staff understood how to protect people from abuse or poor practice.

There were processes in place to manage risk and to listen to and address people's concerns.

There were sufficient staff who had been recruited appropriately and who had the skills to manage risks and care for people safely.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff received the support and training they needed to provide them with the information to provide care effectively.

Where a person lacked the capacity to make decisions, there were correct processes in place to make a decision in a person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

People's health, social and nutritional needs were met by staff who understood their individual needs and preferences.

Is the service caring?

Good

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to their needs and respected people's need for privacy.

Staff understood how to relieve distress in a caring manner.

People were encouraged to express their views and these were respected by staff.

Is the service responsive?

Good

The service was responsive

People's choices were respected and their preferences were taken into account when staff provided care and support in line with their individual care plans.

Staff understood people's interests and encouraged them to take part in pastimes and activities that they enjoyed. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with concerns or complaints and to use the information to improve the service. People were confident their concerns would be listened to.

Is the service well-led?

Good

The service was well led by a skilled and enthusiastic registered manager who demonstrated a commitment to provide a service that put people at the centre of what they do.

Staff were valued and they received the support they needed to provide people with good care and support. Teamwork was encouraged and the registered manager led by example.

There were systems in place to monitor the quality of the service. People's views were valued and their feedback was used to develop and improve the service.

Delamer House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 November 2016. The inspection was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed all the information we had available about the service, including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with seven people who used the service, three volunteers and seven relatives and visitors about their views of the care provided. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with the registered manager, a member of the admin team and five members of staff including a senior care worker, a member of the domestic team and three care workers.

We reviewed four people's care records and tracked their care and support through the assessment and care planning processes. We also looked at medicines records and risk assessments. We reviewed information relating to the management of the service such as health and safety records, staff rotas, quality monitoring audits and information about complaints. We reviewed three sets of staff files including recruitment and training records.

Good

Our findings

All the people we spoke with told us they felt safe living at Delamer. Relatives also confirmed that they were confident their family members were safe and well cared for.

People were encouraged to understand how to keep safe. A training session with a representative of the fire service had recently taken place and people living at the service had joined in with the training. There was a comprehensive plan in place for the evacuation of people in an emergency situation such as a fire. The plan detailed each person's ability and the amount of assistance they required from staff. Staff had received training and understood how to use the emergency evacuation equipment such as 'sledges' to assist people who were unable to use the stairs independently. People who required more assistance or who had greater support needs with their mobility, where possible, had rooms on the ground floor.

Staff had received safeguarding training and were able to explain and give examples of how they would recognise signs of abuse. They knew that they had a responsibility to report any suspicions of abuse or poor practice. Any incidents were reported promptly to the local authority safeguarding team and notifications sent to CQC. A social care professional confirmed that the manager and staff team had dealt extremely well with an incident that had arisen which needed to be handled carefully and sensitively.

The provider had systems in place to assess and manage risk. Risk assessments were carried out using nationally recognised tools such as the Norton tool to assess whether people were at risk of developing pressure ulcers, the Barthel index to measure a person's daily functioning such as mobility and continence, and the malnutrition universal screening tool (MUST) to establish nutritional risk. People's care records contained a range of assessments relevant to the individual which identified the specific risk and set out clear guidelines on the measures needed to minimise the risk without placing undue restrictions on people.

The premises were well maintained and homely. We saw that the team of domestic staff were doing a good job keeping the premises clean and fresh, including details such as cleaning door handles to maintain good infection control.

We examined the provider's system for recruiting staff and found safe recruitment processes were in place. The processes included taking up relevant references and Disclosure and Barring Service (DBS) checks to confirm that prospective employees were not prohibited to work with vulnerable people who required care and support.

We saw that staffing levels were good. The registered manager explained how they carried out regular assessments of people's dependency and the support they required to make sure they had sufficient staff to meet people's changing needs.

A member of staff told us that they had an established staff team as well as some new staff who had previous experience and who were being supported by established staff. They said they were also recruiting and sometimes had agency staff but they used a member of staff from the agency who had worked at the service before. They knew people and they always worked alongside regular staff so that people received safe, consistent care.

During our inspection we noted that there were sufficient staff on duty to meet people's needs. One person told us that sometimes they would have to wait a bit longer when they used their call bell during busy periods such as mealtimes. One visitor mentioned that sometimes they had to wait to be let in when they came to visit. The majority of people we spoke with were happy with the response from staff when they called for support.

Members of staff all carried a "buzzer" which alerted them when a call button had been pressed and in which room it had gone off in. When a member of staff answered the call, the buzzer was turned off to confirm that the person had received support. One of the advantages of the system was that people living at the service were not disturbed by the sound of alarm bells going off.

The provider had clear systems in place to support people with their prescribed medicines. One senior member of staff took responsibility to order and check in medicines when they were delivered from the pharmacy already dispensed in individual pots. The manager and senior staff carried out regular checks and audits of stocks of medicines, storage and medicines administration record (MAR) sheets.

People's care plans recorded details of people's medicines including the correct dose required and the times that it was to be given. We saw clearly recorded information for staff and details of anti-coagulant treatment when people were prescribed Warfarin. This was carefully monitored and people were supported to have regular blood tests to make sure the dose was correct. People could be confident that they would be supported to receive their prescribed medicines by staff who understood how to follow safe procedures.

There were appropriate facilities to store medicines that required specific storage; temperatures were recorded to identify that they were within the recommended range for safe storage and to avoid deterioration of the medicines. The procedure for the administration of medicines which needed two signatures was completed correctly and in line with the requirements.

Good

Our findings

People who lived at the service, relatives and visitors all spoke very highly of the staff. One person said, "They look after me very well. The carers are very good." A visitor told us that one of the things the service did very well was how they treated people who lived there. They said, "Staff treat the residents as if they were their own family members and make a fuss of them. My [family member] is very well cared for."

Members of staff were complimentary about the training. One care worker told us, "My training is up to date" and went on to say they were confident that they understood how to keep people safe, including those people who were living with dementia."

A member of the domestic team told us that ream work was encouraged and they felt part of the team. They said that they had received good training that helped them do their job including COSHH (Control of Substances Hazardous to Health), moving and handling and fire training.

There was a stable staff team with a good mix of skills. Staff were supported to gain nationally recognised qualifications and the majority of staff had achieved National Vocational Qualifications (NVQ) at either level 2 or level 3. Two senior staff had achieved NVQ awards at level 5. The registered manager maintained a record of all staff training and monitored when updates were due. We saw that staff had completed a wide range of training courses that covered areas such as dementia, palliative care, end of life care, manual handling , fire safety, food hygiene and infection control. There were also training courses aimed at providing care for people with conditions such as diabetes. Staff were able to give examples of how training such as pressure care gave them an understanding of early signs to look out for to prevent skin breaking down and avoiding pressure ulcers. Every member of staff had a yearly training and personal development plan and a member of staff told us, "The training is updated regularly."

Staff told us they felt well supported and confirmed they received supervisions. They also had daily 'informal staff meetings' to share information

People told us that staff asked for their permission when providing care and support and their care plans contained confirmation that they consented to their plan of care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Care records confirmed that the registered manager carried out MCA assessments to consider people's ability to make day-to-day decisions and they understood the processes to be followed to assess people's capacity.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were. When people did not have capacity, DoLS applications were made to the local authority.

People told us they enjoyed the food. One person said, "I've no complaints about the food." Relatives and visitors were also complimentary about the food. One relative said, "The food is out of this world. If the chef knows someone likes something [they] will do something to tempt [the person]. It is beautiful, they make it look so attractive." Another relative told us, "The food is really brilliant, [the chef] is a great cook."

We observed people's experience of lunch and noted that the food was well presented. People were offered a choice of meals at the table rather than selecting at an earlier time, which enabled them to choose what they felt like eating at the time. One person told us, "We are always the last table to be served" but they confirmed that they enjoyed the meals. "They said, "It's the best food I have ever had" and others sitting at the table agreed. One person told us that they thought that there could have been more variety but said that the chef was "very good" and they could ask for, and get, a different meal if they wanted something else. Drinks were readily available in communal areas and staff offered people choices of drinks throughout the day.

We spoke with the chef, who was aware of people's preferences and dietary needs. During the lunchtime meal he was present in the dining room and spoke with people in a friendly fashion, addressing them by name and chatting with them.

The chef demonstrated a good knowledge and understanding of people who required specific foods. For example they were able to explain about providing a dairy free diet for someone and how they fortified food and drinks for people who were at risk because of weight loss. People had their level of risk assessed and input was sought from health professionals. Where people had been assessed as being at risk in relation to their nutritional needs, their care records contained weight charts so that their progress could be monitored and any signs of further weight loss were picked up promptly so that the person could be referred to relevant health professionals for investigation.

We noted from care plans that people's health needs and how to provide appropriate care and support was clearly recorded. For example there was comprehensive information for staff on how to monitor a person with diabetes and recognise signs and symptoms which would indicate issues with their blood sugar levels and what actions to take.

Records confirmed input from a wide range of health professionals such as opticians and doctors. People's health conditions were monitored and they were supported with health appointments to outpatient clinics and to have diabetic eye checks.

The manager explained that they were taking part in a dementia diagnosis initiative reviewing people who lived in residential care who might be experiencing onset of dementia but had not yet had a formal assessment of their memory. This initiative would enable the service to be proactive in meeting the person's

changing support needs.

Good

Our findings

The service had an unhurried, relaxed atmosphere. A relative us, "When I walked in through the door it felt homely and welcoming and I knew [my family member] would be OK here." A person said, "I've loved it all the time I've been here." A visitor told us that the service was friendly. They said, "There's a happy atmosphere. If I needed care this is the place I'd choose. We are always made welcome and offered refreshments."

Through discussions it was clear that people felt that they could ask for anything from any member of the staff team and be confident of a positive response. All the people we spoke with told us that the staff were caring and compassionate. They also described staff as "friendly." Our observations throughout the day of our inspection were that interactions between staff and people at the service were respectful. We observed that staff spoke to people living at the service and visitors in a warm friendly manner. No one appeared to be in a rush or hurried. All the staff, including the domestic team, kitchen staff and care workers, worked in a steady, efficient manner carrying out their individual roles effectively as well as talking with people and giving them time when they needed to talk.

People who lived at the service, relatives and visitors also spoke very highly of the way staff provided care and support. One person said, "They look after me very well. The carers are very good." A visitor told us that one of the things the service did very well was how they treated people who lived there. They said, "Staff treat the residents as if they were their own family members and make a fuss of them. My [family member] is very well cared for." A relative said, "I can't tell you how delighted we are with the care. It is a very happy place. They look after the family too."

One person told us that they were on their third respite stay at the service and they now thought that they might stay. They told us, "I feel at home here. Nothing seems to be too much trouble. I have all I need, a clean and comfortable room, friends, a social life and carers on hand if anything goes wrong. Staff are lovely and I am free to come and go as I please."

We observed people chatting with staff and noted people were relaxed and people appeared to be comfortable in their conversations with staff. We saw that people were smiling and there were jokes and banter in the exchanges.

Visitors told us that they regularly came to Delamer and saw that people were consistently happy. They said, "You don't get any moans and groans, people are happy" and "I would put my mother in here." One relative

told us "They are very kind, consistently caring staff."

Some people living at the service were living with dementia. The registered manager told us they did not have a separate unit for people who lived with dementia because they found that people could communicate better if they were together with people who had good communication skills. We saw that people of all abilities were comfortable and sociable in the communal areas. Staff demonstrated a good awareness of the needs of people living with dementia and how to support individuals should they become anxious or distressed. Visitors told us that people living with dementia were well cared for, they said, "I get the feeling that people aren't troubled, there is no crying out. I see that they are gently encouraged to join in." A relative explained some about some of the challenges they had when their family member moved to the service and how well they were managed by the manager and staff. They told us that their family member had spent some time in the lounge and also sat in on a training course and they felt that was a measure of how settled they now were.

We observed staff supporting people to transfer from wheelchairs to armchairs using a hoist. The manoeuvres were carefully and gently managed. Staff explained to the person what would happen at each stage and reassured them they were safe. People who required this type of assistance appeared relaxed and did not show any signs of concern or distress.

One person explained that, following a bereavement they had not managed very well and had neglected their health. They had ended up in hospital and were discharged to the security of the service. They told us that this had happened a number of years previously and with careful management of their condition and the support of staff they finally recovered enough to leave Delamer House and resume an independent life. At the invitation of the manager, the person now visited the service once a week to have lunch.

One person clearly told us that they preferred their own company. They chose to stay in their room, taking all their meals in there, rarely joining others in the more public spaces. Staff respected this person's wishes and understood their need for independence. The person was complimentary about the staff and told us, "Should I need anything I only have to ask." We examined the person's care plan and saw that it perfectly reflected their needs and wishes. Their individual interests were recorded and it was evident that their preferences and attitude to life were clearly being catered for. We noted from the care records that staff were vigilant and observant so that the person received input with their needs when required.

Care plans contained information of people's wishes around care and support as they approached the end of life. Their decisions were recorded in a 'preferred priorities for care' document that clearly set out where and how they wished to be cared for. People's wishes about funeral plans were explored sensitively and, where people wished to discuss these issues, the preferences for funeral plans recorded in their care records. We saw evidence that there had been discussions with individuals about resuscitation. Where an individual did not wish for this to happen in the event of a cardiac arrest, there were appropriately completed DNACPR (do not attempt cardio pulmonary resuscitation) forms in place.

Good

Our findings

Relatives, visitors and people we spoke with during our inspection all made positive comments about the standard of care. Visitors said, "There is consistently a high standard of care. This is the best home I've visited. I would have no hesitation in recommending it." and "The staff are such good carers."

A relative told us they were very happy about the standard of care. They said, "I can't find fault. [My family member] has good care." and a visitor said, "Everyone is smart and well dressed, they have manicures and have their hair done. It's all those little touches that make a difference."

A newly recruited member of staff said, "The standard of care and the equipment here is good. I'm doing a week of shadowing." They told us that everyone was supportive, including the manager and staff team and they were encouraged to get to know people before providing care and support. People's care plans contained detailed information about how people preferred to have care and support and staff demonstrated a good understanding of the information in individual care plans.

People were able to choose how they had their personal care and hygiene needs met, such as whether they preferred a shower or a bath and this was recorded in their care records. The service had two bathrooms, one shower and a wet-room so that people had access to appropriate facilities to meet their mobility needs.

There was a care manager in post who had responsibility for managing care plans and people's health needs. We examined five people's care plans and saw that they were well organised and information was accessible and easy to find. A comprehensive assessment of needs was carried out before a person was admitted to the service and an initial care plan was developed from the information. People and their relatives were involved in the assessment process which included gathering information about the person's life history, their family background and previous employment.

People told us they were consulted about their plans of care and the service also conferred with relatives to gather as much information as possible so that their plan of care was person centred and identified not just their needs but also their likes, dislikes, preferences and wishes.

People's care plans were reviewed and updated monthly or when changes occurred. There was a record of updates which stated which sections of the care plan had been changed. This directed staff to areas of the care plan where there were changes so that the person received appropriate and consistent care. Each person had a range of care plans relevant to their specific needs. We saw plans relating to maintaining a safe

environment, eating and drinking, hygiene, mobilising, expressing sexuality, mental and emotional health, working and playing, pain, sleeping and specific health needs. Care plans contained relevant information and focussed on the individual's needs, wishes and preferences.

Where people wished to actively follow their faith, representatives of different faiths came in to hold services. People were supported to exercise their right to vote in elections if they chose to do so.

Delamer was part of a national movement to improve the quality of life for people in care services. The 'My Home Life' initiative is the recognised voice for the sector and promotes best practice. The local authority sponsors and promotes the initiative. The registered manager explained that, through their involvement with this programme, representatives from a university in London had visited the service to see the range of pastimes, activities and entertainment offered and the way these were delivered to get ideas to share with other services to help develop innovative practice.

A person told us they could decide whether they wanted to join in activities or not and they could choose what they wanted to do. They said, "It depends on the individual. I like to read and write." One person told us that there weren't many activities that they liked to take part in with the exception of quizzes and the regular shows and their wishes were respected.
Relatives and visitors told us that the lifestyle at the service was very good. One relative told us, "The atmosphere is very happy. They are good at arranging celebrations like Ascot and Valentine's Day. They've got singers today." The manager explained that they liked to get families involved as much as possible and they had converted a pergola in the garden into a 'tea room' so that people could enjoy entertaining guests in the garden during the summer.

The service offered people who lived there a wide range of activities and experiences. There were two activity co-ordinators and they, together with manager and staff, were committed to offering people fulfilling experiences.

We saw a lot of photographic evidence of how people were supported to celebrate special occasions, such as dressing up for Ascot day and "afternoon tea at the Ritz" with piano music. For Valentine's day they had a celebration centred around love as well as remembrance of people's loved ones who were no longer with them. The chef put on a special dinner and the dining room was decorated with hearts and flowers. Where people's loved ones had passed on they had photographs of them on the table and people enjoyed the memories.

The registered manager explained that providing people with a wide range of things to do was important so that there was something to suit everyone. They said, "The activities are endless." During the week of our inspection planned entertainment included a cocktail party, entertainment from a group called "The Crazy Gang" and an amateur dramatics pantomime performance.

Staff were enthusiastic about joining in activities and taking part in entertainment. We saw many photographs of staff and people enjoying the range of things that were available to do. In addition, the registered manager explained that they were proactive in getting people from the local community involved in the social life at the service and there were a number of volunteers who came in regularly. Volunteers brought dogs in to entertain people and that was popular with the people who lived at the service.

We spoke with some volunteers, who come in to entertain and interact with people. On the day of the inspection the volunteers from a local church were delivering a service for a group of about seven people. Another two volunteers came in regularly to lead a singing session, which we saw was being enjoyed by

about twelve people. The volunteers gave people hand-outs with the words of the songs they were performing so that people could join in. It was evident from people's smiles and enthusiasm that they enjoyed the music. Volunteers told us that they also ran a choir for people who wanted to be part of a regular singing group. A person told us, "I love being here, I love singing." We observed that all volunteers were greeted by the registered manager and we noted there was a good rapport between them.

People were encouraged to maintain a presence in the local community. Every year they supported people to take part in the town's summer carnival, with staff assisting people in wheelchairs who wished to take part in the parade, where they had won a number of trophies.

People told us that they saw Delamer as their home. One person said, "This is my home, I wouldn't want to be anywhere else." We spoke with two people who had met at the service and had developed a strong and enduring friendship and were "inseparable."

The social activities had helped foster a sociable atmosphere and we saw and were told about many friendships that had developed among the people living at the service. Three people told us they were referred to as "The Beverley Sisters" as they were so close and enjoyed one another's company. They said, "I don't know what I'd do without those two" and "I've made friends here, it was lonely at home." Couples were supported to maintain their relationships and their privacy was respected.

People were also supported to keep in touch with relatives and friends and each person had a direct line so that they could telephone relatives and friends from the privacy of their own rooms.

People told us they knew how to raise concerns if they ever needed to do so. A person said, "I've no complaints. If you've got anything to say you can get it off your chest." A relative explained that it was a difficult time for their family member to move from home but said, "It was handled so professionally." They told us that if they had any concerns they would happily speak with senior staff or the manager who was always available when needed.

Each person's care records contained a document called "This is me" which was developed by the Alzheimer's Society so that essential information about the person was available should the person require support in an unfamiliar place, such as a hospital admission. This meant that other services had the necessary information to enable them to provide consistent care for the person.

Good

Our findings

It was clear that the registered manager had a positive impact on the culture of the service and the feedback from staff, people living there, relatives and visitors was positive. Everyone we spoke with knew the registered manager by name and all gave us complimentary feedback. A visitor told us, "The 'boss' [manager] inspires people." A relative said, "The manager is very good." The registered manager was visible throughout the day and was always inquiring if there was anything anyone needed; from the responses we observed this was normal and expected behaviour.
Relatives and visitors were complimentary about how the service was managed.

The registered manager was able to demonstrate an in depth knowledge of each person living at the service. People and their relatives all told us that they knew the manager who was always approachable.

A relative told us that the service had "a very good reputation" and good staff. They said, "If you've got good staff it comes from the top."

A member of staff told us that they were very happy working at the service. They said, "The rest of the staff were all friendly and I was welcomed when I started." They also told us they were "well supported" by the registered manager, both in terms of being able to meet family arrangements and in the training that was provided.

The administrator told us that staff submitted their preferred shift patterns or gave notice of upcoming events that they wanted to be accommodated in forthcoming working weeks. The management team tried to the best of their ability to accommodate staff's preferences. They told us, "We help them to manage their work-life balance and in turn they help us to manage the home." This was confirmed by members of staff who told us they appreciated this and felt valued. Staff told us that they enjoyed working at the service. One staff member said, "Of course it's a good place to work. I feel valued, especially by [the registered manager]."

There were processes in place for people to feedback their views on the service and we saw a comments box prominently displayed. The administrator told us they did not get many comments because visitors would often just pop in and speak to someone if they had any comments to make.

As part of the quality monitoring of the service the nominated individual representing the provider visited the service every month. They carried out observations of practice, spoke with people and identified any areas where they might be able to improve. The registered manager told us that the provider was very

proactive in making resources available for improvement such as redecorating and refurbishing.

The provider had processes in place to get feedback from people using the service, their relatives and friends. One of the parts of this process was an annual survey and we saw that the results of the most recent questionnaires were collated and actions taken in response to feedback. These were prominently displayed on the noticeboard in the entrance lobby so that people could see the actions that had been taken and knew that their feedback had been listened to.

All incidents or accidents were recorded and where notifications of incidents were required by regulation they were completed with sufficient information and were sent promptly to us. Incidents such as falls were collated and the information analysed to identify any causes so that measures could be put in place to minimise the risk to individuals. The service was also part of an initiative introduced by the local authority to put measures in place to reduce hospital admissions by managing risks of falls and other health conditions.

There were clear systems in place for managing records, including carrying out monthly audits of people's care records. We noted that all records we examined during our inspection including care records, staff files and health and safety audits, were up to date and well organised. Documents relating to people's care, to staff and to the running of the service were kept securely when not in use so that people could be confident that information held about them by the service them was confidential.